Fill in this info	ormation to identify your case:					lirected in	this form and i	n Form
Debtor 1	Emileigh Lauren Williams		122	2A-1Sup	p:			
Debtor 2 (Spouse, if filing)				■ 1. The	ere is no pres	umption o	of abuse	
United States	Bankruptcy Court for the: Southern District of	f Mississippi	'	ар	plies will be r	nade und	ine if a presumper <i>Chapter 7 M</i>	
Case number (if known)			_     ,	□ 3. The		does not	apply now bec	
				qu	alified militar	y service l	but it could app	ly later.
				☐ Ched	ck if this is a	ın amend	ded filing	
Official I	Form 122A - 1							
Chapte	r 7 Statement of Your Cur	rent Moi	nthly Inc	ome				12/19
attach a separa case number (i qualifying milit Part 1:	e and accurate as possible. If two married people a te sheet to this form. Include the line number to w f known). If you believe that you are exempted froi ary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	hich the addition of a presumption of tion from Presu	nal information a of abuse becau	applies. O	n the top of a not have pri	ny addition marily con	nal pages, write sumer debts or	your name and because of
	your marital and filing status? Check one on	ly.						
	married. Fill out Column A, lines 2-11.							
	ied and your spouse is filing with you. Fill ou			2-11.				
■ Marr	ied and your spouse is NOT filing with you.	You and your	spouse are:					
■ Li	ving in the same household and are not lega	Ily separated.	Fill out both Co	lumns A	and B, lines	2-11.		
pe	ving separately or are legally separated. Fill of enalty of perjury that you and your spouse are leading apart for reasons that do not include evadir	egally separated	d under nonban	kruptcy l	aw that appli	es or that		
101(10A). F the 6 month	verage monthly income that you received from all or example, if you are filing on September 15, the 6-m s, add the income for all 6 months and divide the total in the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 throusult. Do not include	ugh Augus de any inc	st 31. If the amome amount m	ount of you nore than or	r monthly income nce. For example	varied during e, if both
·		,	, ,	Column A Column B  Debtor 1 Debtor 2 or non-filing spou			n B • <b>2 or</b>	
_	oss wages, salary, tips, bonuses, overtime, deductions).	and commissi	ons (before all	\$	3,286.83	\$	0.00	
3. Alimon	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$	0.00	
of you of from an and room	unts from any source which are regularly pa or your dependents, including child support. unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3.	Include regula I, your depende	r contributions nts, parents,	\$	340.00	\$	0.00	
5. Net inco	ome from operating a business, profession,							
			otor 1					
	eceipts (before all deductions)	\$ 0.00 -\$ 0.00						
	y and necessary operating expenses	·	Copy here ->	¢	0.00	\$	0.00	
	othly income from a business, profession, or fari	m \$	Copy fiere ->	Φ	0.00	Φ	0.00	
6. Net inco	ome from rental and other real property	Del	otor 1					
Groce "	eceipts (before all deductions)	\$ 0.00						
	and necessary operating expenses	-\$ 0.00						
	othly income from rental or other real property	·	Copy here ->	\$	0.00	\$	0.00	
	,							

Official Form 122A-1

0.00

\$

0.00

7. Interest, dividends, and royalties

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing s			
8.	Unemploy	ment compensation			\$	0.00	\$	0.00	
	the Social	er the amount if you contend that the a Security Act. Instead, list it here:		fit unde	r				
				.00					
		spouse		.00					
9.	benefit und not include United Sta disability, o pay paid un does not e	r retirement income. Do not include a ler the Social Security Act. Also, excep any compensation, pension, pay, and les Government in connection with a con- tre death of a member of the uniformed ander chapter 61 of title 10, then include acceed the amount of retired pay to white lader any provision of title 10 other than	ot as stated in the next sententity, or allowance paid by the lisability, combat-related injuservices. If you received an enthat pay only to the extentich you would otherwise be	ence, do ne nry or y retired that it		0.00	\$	0.00	
10.		om all other sources not listed abov		mount.	<u> </u>		<u> </u>		
	Do not incl received as domestic to United Star disability, o	ude any benefits received under the S is a victim of a war crime, a crime again errorism; or compensation pension, pa tes Government in connection with a count of the uniformed a separate page and put the total belowed.	ocial Security Act; payment nst humanity, or internationa ay, annuity, or allowance pa lisability, combat-related inju services. If necessary, list o	s Il or id by the Iry or	•				
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	To	otal amounts from separate pages, if a	ny.	+	\$	0.00	\$	0.00	
11.		your total current monthly income. nn. Then add the total for Column A to		\$	3,626.83	+ \$	0.00	Total current month income	_
<b>Part</b>		ermine Whether the Means Test App							
		your total current monthly income fron	•		Сор	y line 11 l	here=>	\$3,626.83	3_
	Multip	ly by 12 (the number of months in a ye	ear)					<b>x</b> 12	
	12b. The re	esult is your annual income for this par	rt of the form				12b	\$ 43,521.96	<u>-</u>
13.	Calculate	the median family income that appli	ies to you. Follow these ste	ps:					
	Fill in the s	tate in which you live.	MS						
	Fill in the n	umber of people in your household.	5						
	To find a lis	nedian family income for your state and st of applicable median income amour n. This list may also be available at the	its, go online using the link s	pecified	I in the separ	ate instruc	13. tions	\$100,329.00	<u> </u>
14.	How do th	e lines compare?							
	14a.	Line 12b is less than or equal to line Go to Part 3. Do NOT fill out or file 0		heck box	x 1, <i>There is</i>	no presum	nption of abuse	э.	
	14b. □	Line 12b is more than line 13. On th Go to Part 3 and fill out Form 122A-	e top of page 1, check box 2	2, The pi	resumption o	f abuse is	determined by	/ Form 122A-2.	
Part	3: Sig	n Below							
	By sig	ning here, I declare under penalty of p	perjury that the information of	n this st	atement and	in any atta	achments is tr	ue and correct.	
	χ /s/	Emileigh Lauren Williams							
	En	nileigh Lauren Williams nature of Debtor 1							
	- 3								

**Emileigh Lauren Williams** 

Debtor 1

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Debtor 1	Emileigh Lauren Williams	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		